PTO/SB/06 (08-03)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of minimum and the Paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of minimum and the Paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of minimum and the Paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of minimum and the Paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of minimum and the Paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of minimum and the Paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of minimum and the paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of minimum and the paperwork Reduction Act of 1995, no persons are required to respond to a conecutor of the paper with the paper								Application or Docket Number			
October 1 2004 Substitute for Form PTO-875								09/385959			
CLAIMS AS FILED – PART I (Column 1) (Column 2)					SMALL ENTITY		OTHER THAI OR SMALL ENTIT				
FOR	NUMBER FILED	NUMBER	R EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE					. <i>3</i> 95	OR		<u>.790</u>			
TOTAL CLAIMS			ľ	x 5 9 =		OR	x 18 =				
(37 CFR 1.16(c))			ŀ	× 44 =		OR 1	x \$85 =				
(37 CFR 1.16(b))			1	+ s 150 =		OR ·	+:300=				
MULTIPLE DEPENDENT CLAIM	PRESENT (3	7 CFR 1.16(d))			+ \$ 1.00 =		İ				
* If the difference in column 1	s less than zero, en	ter "0" in column 2			TOTAL	`	OR.	TOTAL			
CLAIMS	AS AMENDED	- PART II									
0120100			(Column 3)		SMALL (ENTITY	OR		R THAN ENTITY		
8 30 9 9 (Colum	nn 1)	(Column 2) HIGHEST		1/[1		ADDI-		
REM	VINING TER	NUMBER PREVIOUSLY	PRESENT EXTRA	ľ	RATE	ADD/ TIONAL		RATE	TIONAL		
Z .AMEN	DMENT Minus	PAID FOR	= /		a	FFE -	1	x./8 =	1		
0 0 0 0 0 0 0		24	/		<u> </u>		OR	<u> </u>	 		
Independent (37 CFR 1.16(b))	2 Minus	3			x 444 =		OR	x \$ <u>80</u> =	- <i> </i>		
FIRST PRESENTATION OF	MULTIPLE DEPENDE	ENT CLAIM (37 CF	R 1.16(d))		+\$ <u>150</u> =		OR	+300=	\-		
					TOTAL ADD'L FEE		OR-	TOTAL ADD'L FEE	Ц_		
alinta	.· 1)	(Column 2)	(Column 3)				11	i	1		
A CL	mn 1)	HIGHEST	PRESENT]	RATE	ADQ1-	1	RATE	ADDI-		
P AF	AINING TER	NUMBER PREVIOUSLY	EXTRA		10112	TIONAL		1	TIONAL FEE		
AMEN Total (37 CFR 1.16(c)) Z Independent (37 CFR 1.16(b))	OMENT Minus	PAID FOR	=	1	x 5 4 =	17	OR	x \$ /8 =			
(37 CFR 1.16(c))	Minus	-24	=	1	x s <u>44</u> =	11	OR	x . 88 =	1		
5	<u>J</u>			┨		 	1	200	1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ <u>/50</u> =	 	OR	TOTAL	 		
11.10					ADD'L FEE		OR	ADD'L FEE			
2/12/03 (COIL	mn 1)	(Column 2)	(Column 3)	4			4		7		
	AIMS AINING	HIGHEST NUMBER	PRESENT	/	RATE	ADDI-		RATE	ADDI- TIONAL		
Z AMEN		PREVIOUSLY PAID FOR	EXTR(i			FEE	_		FEE		
Total	Minus	24	=		x s_9_=		OR	x s /8 =			
Total	Minus	" 2	=		x \$ <u>441</u> =		OR	x s <u>SS</u> =	/		
FIRST PRESENTATION C	E MILITIPI E DEDENIC	DENT CLAIM (37 CI	FR 1,16(d))	1	+150=		OR	+ \$300 =			
FIRST PRESENTATION C	MULTIFLE DEPEND	2.17 00 011 (07 01		J	TOTAL ADD'L FEE	 	OR	TOTAL ADD'L FEE	$\sqrt{7}$		
1	is less than the ent		1		AUU L FEE	L	٠. ١	4,			

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2u, enter 2u."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pater and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number

Under the Paperwork No	Application or Docket Number					
October 1	109/	<u> 3659</u>	59			
CLAIMS AS FILED - PART I (Column 1) (Column 2)			SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))			1.395	OR		<u>.190</u>
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		x s 9 =	OR	x s 8 =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		x <u>44</u> =	OR	x \$ <u>85</u> =	· · ·
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ s <u>150</u> =	OR ·	+5300=	
* If the difference in colum	nn 1 is less than zero, enter	0° in column 2.	TOTAL	OR'	TOTAL	
	MS AS AMENDED – F			`.		T1444
(0/3/13	Column 1)	(Column 2) (Column 3)	SMALL ENTITY	OR	OTHER SMALL	
	REMAINING AFTER PF	HIGHEST NUMBER REVIOUSLY PAID FORM	RATE ADDI- TIONAL FEE	<u>k</u>	RATE	ADDI- TIONAL FEE
	Minus "	24 - 1	x \$ <u>9</u> = <u></u>	OR	x \$ <u>18</u> =	
	Minus ***	3 = 1	× 44 =	OR	x \$ <u>88</u> =	
EIRST PRESENTATION	ON OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(4))	+550=	OR	+,200=	
Tillorinesen			TOTAL ADD'L FEE	OR-	TOTAL ADD'L FEE	
Anylow.	Column 1)	(Column 2) (Column 3)		-		
F	CLAIMS REMAINING AFTER PI	HIGHEST NUMBER REVIOUSLY PAID FOR	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total •	Minus "	24 = 1	x s 9" =	OR	x \$ 18 =	
Total *	Minus **	3 1	× s <u>44</u> =	OR	x \$ <u>88</u> =	
Y FIRST PRESENTATION	ON OF MULTIPLE DEPENDENT	+s/50=	OR	+,300=	1	
	^		TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	4
10/4/04	Column 1)	(Column 2) (Column 3)		- 1		
	CLAIMS REMAINING WAFTER P	HIGHEST NUMBER REVIOUSLY PAID FOR	RATE ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
A Total	/ W Minus "		x s <u>9</u> =	OR	x s 18 =	<u> </u>
Z Independent (37 CFR 1.15(b))	Minus "	-3 - 1	x s 44 =	OR	x \$ <u>\$</u> \$ =	<u> </u>
FIRST PRESENTATION	ON OF MULTIPLE DEPENDENT	CLAIM (37 CFR 1.16(D))	+ s 150 =	OR	+ \$300 =	
			TOTAL ADD'L FEE	OR	ADD'L FEE	4
If the entry in column	mn 1 is less than the entry in	column 2, write "0" in column	3.			1

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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